



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 3787

<b>SERIAL NUMBER</b> 10/626,977	<b>FILING or 371(c) DATE</b> 07/25/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3686	<b>ATTORNEY DOCKET NO.</b> KNW-0020		
<b>APPLICANTS</b> Edward W. Knowlton, Zephyr Cove, NV; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/398,371 07/25/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 11/05/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/LENA NAJARIAN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance LN Initials	<b>STATE OR COUNTRY</b> NV	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 58	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> Goodwin Procter LLP Attn: Patent Administrator 135 Commonwealth Drive Menlo Park, CA 94025-1105 UNITED STATES						
<b>TITLE</b> System and methods for medical services and transactions						
<b>FILING FEE RECEIVED</b> 908	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
				<input type="checkbox"/> 1.16 Fees (Filing)		
				<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
				<input type="checkbox"/> 1.18 Fees (Issue)		
				<input type="checkbox"/> Other _____		
			<input type="checkbox"/> Credit			